

**Texas Department of Health
Professional Licensing and Certification Division
Code Enforcement Officer Registration Program
1100 West 49th Street
Austin, Texas 78756-3199
(512)834-4517 or 834-4512**

Code Enforcement Officer Registration Application

☐ **Code Enforcement Officer** (complete forms A-C) ☐ **Code Enforcement Officer in Training** (complete forms A-D)

PREFERRED MAILING ADDRESS: (Check only one) **HOM** ☐ **EMPLOY** ☐

APPLICANT INFORMATION

1. Applicant's Name _____
(Last) (First) (Middle) (Maiden)
2. Date of Birth: _____ 3. Place of Birth: _____
4. Social Security Number: _____
5. Residence Address: _____
(Street or Box Number)
- _____
(City) (State) (Zip)
6. Telephone No. (include Area Code): Home _____ Fax# _____

CURRENT EMPLOYMENT INFORMATION

7. Primary Employment Setting
- Place of Employment: _____
- Address (Include Zip Code): _____
- _____
Telephone No. (include Area Code): _____ Fax No: _____
- Job Title: _____
- Date of Employment: From (Mo/Yr) _____ To: Present

8. Primary Employment Setting
- Circle the number of category of employment in which you spend the majority of your time.
(Circle one only)

- | | |
|---------------------------------|----------------------------|
| 0. Not Employed | 6. Nuisance Violations |
| 1. Zoning Ordinances | 7. Abandoned Vehicles |
| 2. Sign Regulations | 8. Junk Vehicles |
| 3. Home Occupations | 9. Health Ordinances |
| 4. Housing Codes and Ordinances | 10. Basic Processes of Law |
| 5. Building Abatement | |

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PRIOR WORK EXPERIENCE

9. **List previous positions held in the field of code enforcement.** Begin with your last position (answer NO" if your current position is the only time you have been employed in the code enforcement field. Attach additional pages if necessary.

Job Title	Employer's Name & Address	From (Mo/Yr)	To (Mo/Yr)
Previous Employment			

10. A. Have you ever been denied a license, registration, or certificate? YES _____ NO _____
If YES, briefly state the reason(s): _____

B. Have you ever been registered by the TDH Code Enforcement Officer Registration Program? YES _____ NO _____
If YES, give registration number, and name if different from #1. _____

11. List other state registrations and certifications held. _____

12. Have you ever had your license(s), registration(s), or certificate(s) revoked, canceled, or suspended?
YES _____ NO _____ If YES, briefly state the reason(s): _____

13. Have you ever been convicted of a felony or a misdemeanor? YES _____ NO _____ If YES, provide:
Date of Conviction: _____ Where Convicted: _____
Charge: _____
If conviction was set aside, give date and explain using additional pages if necessary: _____

14. Attach passport size photograph by staples below (minimum size 1 1/2" X 1 1/2") of applicant's head and shoulders only. Photographs must have been taken within 2 years previous to date of application. Sign the photograph on the back side. **CUTOUTS, NEWSPAPER CLIPPINGS, SUB-SIZE PICTURES, PHOTOCOPIES, ETC. WILL NOT BE ACCEPTED.** This photograph will be used in connection with your application for registration and for the purposes of complaint(s)/violation(s) investigations.



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PLEASE READ CAREFULLY

In making application to the Code Enforcement Officer Registration Program for the issuance of a registration, I have read and agree to abide by The Code Enforcement Officer Registry Act and the rules of the Texas Department of Health. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a registration, I agree to be bound by the Code Enforcement Registration Renewal Rules (25 Texas Administrative Code §130.12). I further understand that the **fee submitted with this application is non-refundable** and that the materials submitted for consideration become the property of the Department and are nonreturnable. I am sure of the schedule of fees (25 Texas Administrative Code §130.4) and understand that additional fees must be paid to keep the registration current.

I agree to hold the Texas Department of Health, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with request to any examination, the failure of the Department to issue me a registration and any other aspect of registry. I hereby grant permission to the Department to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a registration, upon the revocation, suspension or cancellation of that registration, I shall return the registration certificate and registration identification card to the Department.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a registration or the revocation of my registration.

The disclosure of a social security number by an applicant is mandatory. Social security numbers will be used for identification purposes.

Date Signature of Applicant

THE STATE OF)
COUNTY OF)

BEFORE ME, the undersigned authority, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on
oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the
foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____ County, Texas or _____

Signature of Notary

SEAL

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EMPLOYER AFFIDAVIT FORM

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

Be sure to use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the one year requirement if applying for Code Enforcement Officer.

Name of Applicant: _____

Address of Applicant: _____
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, _____, certify that I have employed _____
(Employer) (Applicant)
from _____ to _____ and that I know of my own knowledge that said person was employed as follows
(Month/Day/Year) (Month/Day/Year)
and that his/her regularly assigned duties included code enforcement:

1. Name and Address of Employer: _____
Other means of employment: () Self employed () Independent contractor

2. Briefly describe job responsibilities: _____

3. Job Title: _____

4. Check type of establishment or office in which work is/was performed:
() City Employment () County () State () Agency
() Other, specify: _____

5. Total number of hours per week applicant worked in the above duties: _____

6. Other pertinent information: _____

On this _____ day of _____, 20____, in _____, _____
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS () _____
COUNTY OF () _____
Signature of Employer

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary's Signature

NOTARY SEAL

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**CODE ENFORCEMENT OFFICER IN TRAINING
Supervisor Contract**

**THIS FORM MUST BE COMPLETED IF YOU HAVE LESS THAN 1 YEAR OF FULL-TIME EXPERIENCE IN THE FIELD OF
CODE ENFORCEMENT.**

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

The following information must be completed by a registered Code Enforcement Officer. To be registered as a Code Enforcement Officer-In-Training the applicant must be working under supervision of a registered Code Enforcement Officer.

Applicant's Name: _____
(Last) (First) (Middle)

Address: _____
(Street or Box Number) (City) (State) (Zip)

Applicant's Signature: _____

The Code Enforcement Officer attesting to his/her knowledge of the supervision of the individual above shall complete the information below.
TYPE OR PRINT LEGIBLY.

I, _____, CE _____, certify that I am the supervisor of _____
(Supervisor's Name) (Registration #) (Applicant's Name)

starting on _____ (Month/Day/Year) to Present. I know of my own knowledge that the said person is practicing code enforcement under my direction during the dates indicated.

1. Place of Employment: _____

2. Address of Employment: _____
(Street No.) (City) (State) (Zip)

3. Job Title: _____ 5. Type of Facility: _____

4 Type of Work Performed (be specific): _____

I have read and agree to abide by Acts 1991, 72nd Legislature, Regular Session, Chapter 796 (House Bill 1257) and the rules relating to Code Enforcement Officers Registry.

Supervisor's Signature

Date

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

On this _____ day of _____, 20____.

Notary Public in and for _____ County, Texas or _____.

Signature of Notary

NOTARY SEAL

CERP FORM D 5/01

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